

# PRIVACY ACT RELEASE FORM

PLEASE PRINT CLEARLY

Mr./Mrs./Ms. Full Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_  
(circle one)

Address of Residence: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County \_\_\_\_\_

Phone #: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Please send completed forms to: **Congressman John Boehner**

**Residents of Butler & Preble Counties OR**

**VA/Military & Immigration issues:**

7969 Cincinnati-Dayton Road  
West Chester, Ohio 45069

**Residents of Clark, Darke, Mercer,**

**and Miami Counties:**

12 South Plum Street  
Troy, Ohio 45373

**Due to the provisions of the Privacy Act of 1974 (Title 5, Section 552A of the United States Code):**

Permission in writing is required before making an inquiry on your behalf. Completing and signing this form authorizes Rep. John Boehner and his staff to make inquiries to the appropriate officials on your behalf, and the release of information to him or his staff. **This permission is on-going until revoked in writing or the stated issue is resolved, UNLESS: \_\_ one-time only inquiry OR \_\_ permission ends on this date \_\_\_\_\_**

**To begin your inquiry, provide all pertinent information related to your case/claim:**

Federal Agency Involved: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Military ID#: \_\_\_\_\_ Veteran's Claim #: \_\_\_\_\_

Military Branch, Rank & Unit: \_\_\_\_\_

Alien #: A \_\_\_\_\_ CIS/DOS Receipt #: \_\_\_\_\_

Immigration – Petitioner's Name: \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_

Other Numbers Identifying your claim: \_\_\_\_\_

Please briefly describe your situation and the action, result, or information you desire. Use the back of this sheet, or attach a separate page, if necessary. Be sure to provide any necessary documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_